ETP E 428

Name (Print/Type)

Steven E. Warner

PTO/SB/17 (12-04)

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Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) 10/693.104 **Application Number** FEE TRANSMITTAL October 27, 2003 Filing Date For FY 2005 Shinji UCHIDA First Named Inventor D. D. Le **Examiner Name** Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2834 00862.023280 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 0.00METHOD OF PAYMENT (check all that apply) Other (please identify): Credit Card Money Order None Check Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Х 06-1205 Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments lχ fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity **Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 300 150 160 80 Plant 100 Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) - 20 or HP = 50.00 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 5 (HP) = 200.00 X HP = highest number of independent claims paid for, if greater than 3 If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) - 100 = 250.00 = __ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY Signature Registration No. Telephone 202-530-1010 (Attorney/Agent)